

**CALIFORNIA DEPARTMENT OF CORRECTIONS  
PAROLE AND COMMUNITY SERVICES DIVISION  
HEALTH ADMINISTRATION UNIT**

**MENTAL HEALTH SERVICES CONTINUUM PROGRAM OVERVIEW**

In July 2000, the California Department of Corrections (CDC), Parole and Community Services Division (P&CSD) began implementation of the Mental Health Services Continuum Program (MHSCP). The new program is an expansion and enhancement of mental health treatment services delivered by P&CSD's existing Parole Outpatient Clinics (POC) throughout the state. The Mission of the MHSCP is to reduce the symptoms on mental illness among parolees by providing timely, cost-effective mental health services that optimizes their level of individual functioning in the community thereby reducing recidivism and improving public safety.

The MHSCP provides pre-release needs assessment, benefits eligibility and application assistance to paroling mentally ill inmates. The MHSCP increases the prospect of the parolee's successful reintegration into the community by providing expanded and enhanced post-release mental health treatment combined with improved continuity of care from the institution's mental health service delivery system.

**TARGET POPULATION**

The MHSCP target population consists of parolees who were receiving mental health treatment in the institutions under the Mental Health Services Delivery System prior to release to parole. The criteria for admission to both the institution's and parole's mental health treatment programs is a diagnosis of one or more of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) psychiatric disorders. The two mental health designations used to determine the level of treatment need for both inmates/parolees are Correctional Clinical Case Management System (CCCMS) and Enhanced Outpatient Program (EOP). The EOP parolee is lower functioning than the CCCMS due to an acute onset or significant deterioration of a serious mental disorder characterized by a definitive impairment of reality testing and/or judgement which creates dysfunctional or disruptive social interaction or severe impairment of activities of daily living. The MHSCP target population also consists of those parolees designated while in prison to have been in a Mental Health Crisis Bed and those releasing from any Department of Mental Health facility. The P&CSD is currently amending its pre-release contracts to include these populations in the MHSCP.

**PROGRAM COMPONENTS**

Contract providers, at ninety (90) days and thirty (30) days prior to the inmate's release, complete comprehensive computerized pre-release needs assessments for EOP and CCCMS designated inmates. The MHSCP's pre-release component is modeled after the pre-release services provided through P&CSD's existing Transitional Case Management Program (TCMP) for inmates/parolees who have been diagnosed with Human Immunodeficiency Virus (HIV) and/or Acquired Immunodeficiency Syndrome (AIDS). The TCMP-HIV/AIDS has been in existence since 1993, and has proven to be an effective case model.

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Because of their outstanding performance with the TCMP-HIV/AIDS, Kern County Department of Public Health and San Diego State University Foundation were selected to provide the MHSCP's pre-release services component. Both contractors bring to the MHSCP a wealth of experience with pre-release services including comprehensive assessments, service plans and benefit eligibility assistance. This process is known as the Transitional Case Management Program-Mentally Ill (TCMP-MI).

These comprehensive pre-release assessments are used to provide services that include: benefits application assistance; coordination of transportation and housing; provision of medications upon release; assurance of arrival at first parole agent and MHSCP appointments; and development of clinical treatment plans. This allows both the MHSCP clinical team (psychiatrist, psychologist and psychiatric social worker) and the parole agent to prepare for their initial meeting with the inmate upon release to parole.

Upon release, a variety of clinical therapies are combined and tailored to meet the individual needs of each MHSCP parolee. An initial clinical evaluation including, in most cases, psychological testing is completed and a parolee criminal history is reviewed prior to the mental health treatment plan development. Clinics offer individual and group psychotherapies specific to parolee needs such as anger management, social integration, community re-entry, and release preparation. The frequency and duration of therapy is determined by the primary clinician.

On-going clinical treatment in both individual and group therapy settings is combined with Interdisciplinary Treatment Team (IDTT) meetings to effectively monitor the treatment of EOP parolees. The IDTT evaluates treatment progress and updates the treatment and service plans for the parolee. The IDTT consists of the parolee's MHSCP clinical team, parole agent, and appropriate community resource providers. One purpose of the IDTT is to enhance the interaction between the MHSCP clinicians and the parole agent by assisting the parole agent with these high service cases (see-attached flowcharts).

When the parolee is within 120 days of discharge from parole, MHSCP discharge planning is provided. It includes review of the parolee's file and treatment plan, assessment of parolees functioning with activities of daily living, completion of a written release plan which includes any community treatment and transitional resources, and facilitation of the actual transition to the community by MHSCP psychiatric social workers.